

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4/19/05 2 Serial/Patent # 09992235

| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT  |
|---------------------------------------|-----------------------------------|----------------|--------------|-----------|
|                                       | Filing                            |                |              | \$        |
|                                       | Amendment                         |                |              | \$        |
|                                       | Extension of Time                 |                |              | \$        |
|                                       | Notice of Appeal/Appeal           |                |              | \$        |
|                                       | Petition                          |                |              | \$        |
| ✓                                     | Issue                             | #9             | 3/22/05      | \$ 100.00 |
|                                       | Cert of Correction/Terminal Disc. |                |              | \$        |
|                                       | Maintenance                       |                |              | \$        |
|                                       | Assignment                        |                |              | \$        |
|                                       | Other                             |                |              | \$        |

Karen Guenard  
Vela Pharmaceuticals  
2533 Old Bridge Road  
Collegeville, PA 19426

|                     |                          |   |
|---------------------|--------------------------|---|
| 10 REASON:          | 7 TOTAL AMOUNT OF REFUND | \$ 700.00   |
|                     | 8 TO BE REFUNDED BY:     |   |
| ✓ Overpayment       | Treasury Check           |   |
| ✓ Duplicate Payment | Credit Deposit A/C #:    | 9 <input type="text"/> -- <input type="text"/> <input type="text"/> |

No Fee Due (Explanation):

Application has not been allowed yet. No issue fee is due.

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Liana Chase TITLE: Paralegal

SIGNATURE: LChase PHONE: 272-3206

OFFICE: Petitions

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY \*\*\*\*\*

APPROVED: Alicia Kell DATE: 4/21/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B